

06-14-04

IFW AF 1644  
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Atty. Dkt. No. 355908-1951

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: David E. SPANER

Title: INHIBITION OF GRAFT VERSUS HOST  
DISEASE

Appl. No.: 09/853,755

Filing Date: May 14, 2001

Examiner: G. Ewoldt

Art Unit: 1644

**CERTIFICATE OF EXPRESS MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

EV 464449265 US

June 10, 2004

(Express Mail Label Number)

(Date of Deposit)

Rene Campos

(Printed Name)

(Signature)

**AMENDMENT AND NOTICE OF APPEAL TRANSMITTAL**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ [ X ] Notice of Appeal.

☒ [ X ] Petition for Extension of Time.

☒ [ X ] Return Postcard.

☒ [ X ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below.

☒ [ X ] Notice of Appeal Fee

☒ [ X ] To be paid as detailed below:

The required fees are calculated below:

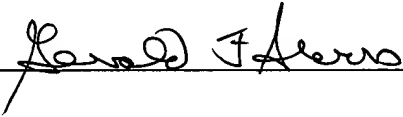
|                                     |  |          |
|-------------------------------------|--|----------|
| <input checked="" type="checkbox"/> | Notice of Appeal Fee                                 | \$330.00 |
| <input checked="" type="checkbox"/> | Extension for response filed within the first month: | \$110.00 |
| <input type="checkbox"/>            | Extension:   | \$0.00   |
|                                     | FEE TOTAL:   | \$440.00 |
| <input checked="" type="checkbox"/> | Small Entity Fees Apply (subtract ½ of above):       | \$220.00 |
|                                     | TOTAL FEE:   | \$220.00 |

- ☒ A check in the amount of \$220.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 6-10-04

By 

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Customer Number: 38706  
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